

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Fresenius Medical Care North America PAC

ADDRESS (number and street) ▼

801 Pennsylvania Avenue, NW

Suite 255

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00401299

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
05 01 2015

through

M M M / D D D / Y Y Y Y Y Y  
05 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Eric Bishop

Signature of Treasurer

Eric Bishop

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
12 21 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 05 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y 05 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 2015		93762.04
(b) Cash on Hand at Beginning of Reporting Period.....	38611.52	
(c) Total Receipts (from Line 19) .....	8413.54	53447.77
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	47025.06	147209.81
7. Total Disbursements (from Line 31) .....	16167.45	116352.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	30857.61	30857.61
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6369.62	33060.14
(ii) Unitemized .....	2043.92	20035.45
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8413.54	53095.59
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	8413.54	53095.59
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	352.18
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	8413.54	53447.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	8413.54	53447.77

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	167.45	852.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	167.45	852.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	115500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	16167.45	116352.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16167.45	116352.20

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	8413.54	53095.59
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8413.54	53095.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	167.45	852.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	352.18
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	167.45	500.02

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: F3XA  
Transaction ID :

Amendment to correct inaccurate Line 15 and Line 17 totals.

Form/Schedule:  
Transaction ID:

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 30  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Christopher L. Constantine**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Sales

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	8			2	0	1	5		

**Transaction ID : A981CE2EBFA804678B6A**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Matthew D Kinser**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Managed Care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	9			2	0	1	5		

**Transaction ID : A0E4E0759BEEC4107B4E**

Amount of Each Receipt this Period

76.92

Payroll Deduction: \$76.92/

Full Name (Last, First, Middle Initial)

**C. Terri Carlton**

Mailing Address 1534 N Hoskins Rd

City

Charlotte

State

NC

Zip Code

28216-3602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Area Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	9			2	0	1	5		

**Transaction ID : A7CEEA2E80BFF484DB37**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

**SUBTOTAL** of Receipts This Page (optional)..... ►

365.38

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 30  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Grant Asay**

Mailing Address 1421 Champion Forest Ct

City	State	Zip Code
Wheaton	IL	60187-1708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

Transaction ID : A509CD8D0D00546848D4

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**B. Stephanie DeFranco**

Mailing Address 525 Sycamore Dr

City	State	Zip Code
Milpitas	CA	95035-7429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director, New Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

Transaction ID : A8CD7D87E9ED445C38D0

Amount of Each Receipt this Period

76.92

Payroll Deduction: \$76.92/

Full Name (Last, First, Middle Initial)

**C. Douglas G. Kott**

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

Transaction ID : AB86D7D080B5140D8858

Amount of Each Receipt this Period

384.60

Payroll Deduction: \$384.60/

SUBTOTAL of Receipts This Page (optional)..... ►

499.98

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 9 OF 30  
 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

**A. Jayanta Ray**
 Mailing Address 5215 N O Connor Blvd  
 Ste 1100

City Irving State TX Zip Code 75039-3739

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer  
 Fresenius Medical Care NA

 Occupation  
 VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2015

Transaction ID : AB4E3049CFCC14545BC1

Amount of Each Receipt this Period

50.00

Payroll Deduction: \$50.00/

Full Name (Last, First, Middle Initial)

**B. Liam Walsh**
 Mailing Address 1875 I St NW  
 FI 12

City Washington State DC Zip Code 20006-5409

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer  
 Fresenius Medical Care NA

 Occupation  
 VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

737.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2015

Transaction ID : AA179623BE0FE4560919

Amount of Each Receipt this Period

134.00

Payroll Deduction: \$134.00/

Full Name (Last, First, Middle Initial)

**C. Barbara Williams**
 Mailing Address 5251 Dtc Pkwy  
 Ste 700

City Greenwood Village State CO Zip Code 80111-2736

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer  
 Fresenius Medical Care NA

 Occupation  
 Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2015

Transaction ID : A1BD68259B1874F7AB3F

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

SUBTOTAL of Receipts This Page (optional)..... ▶

222.46

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 30

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Michelle Cowens**

Mailing Address 516 Goldenwest St

City

Huntington Beach

State

CA

Zip Code

92648-2639

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Vice President, Physician Practice Ser

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : A09F8C07AADC54E448DB**

Amount of Each Receipt this Period

76.92

Payroll Deduction: \$76.92/

Full Name (Last, First, Middle Initial)

**B. Donald N Cantalupo**Mailing Address 100 Paterson Plank Rd  
Apt 313

City

Jersey City

State

NJ

Zip Code

07307-1234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

RSM

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : A98F27137C9CC43A78EF**

Amount of Each Receipt this Period

50.00

Payroll Deduction: \$50.00/

Full Name (Last, First, Middle Initial)

**C. Maria Burke**Mailing Address 129 W Trade St  
Ste 1050

City

Charlotte

State

NC

Zip Code

28202-5303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Strategic Planning

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : AAB0F5EE069C437F9E4**

Amount of Each Receipt this Period

60.00

Payroll Deduction: \$60.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

186.92

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 30

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Gordon Jee**

Mailing Address 32 Hartwell Ave

City

Lexington

State

MA

Zip Code

02421-3103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Sr Manager, Product Delivery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	5

**Transaction ID : A8C32BCDE957E4B5EBDF**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**B. Edda Spinelli**Mailing Address 511 N Brookhurst St  
Ste 100

City

Anaheim

State

CA

Zip Code

92801-5229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Clinical Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	5

**Transaction ID : A4A8F265A1F6D452CA6B**

Amount of Each Receipt this Period

40.00

Payroll Deduction: \$40.00/

Full Name (Last, First, Middle Initial)

**C. Jayme Patterson**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	5

**Transaction ID : AF601960FA93447A1A76**

Amount of Each Receipt this Period

40.00

Payroll Deduction: \$40.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

118.46

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 30  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Jeffrey Hymes**Mailing Address 750 Old Hickory Blvd  
Ste 230

City	State	Zip Code
Brentwood	TN	37027-4528

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : A8F3D6F0B6A7A4678943**

Amount of Each Receipt this Period

200.00

Payroll Deduction: \$200.00/

Full Name (Last, First, Middle Initial)

**B. Peter Sauer**

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

President - Fresenius Health Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : A75DDE1C9BD2540748ED**

Amount of Each Receipt this Period

110.00

Payroll Deduction: \$110.00/

Full Name (Last, First, Middle Initial)

**C. Carol A Ernst**

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Area Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : ADEA8AAF3641C4773B1D**

Amount of Each Receipt this Period

76.92

Payroll Deduction: \$76.92/

**SUBTOTAL** of Receipts This Page (optional)..... ►

386.92

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 30

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. William Crawford**Mailing Address 100 Galleria Pkwy SE  
Ste 1200

City	State	Zip Code
Atlanta	GA	30339-5954

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : A434395A1029841BB997**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**B. Manikandan Pandi**

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : A01101275F2A1408491F**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**C. Nancy Diane Carter**

Mailing Address 1607 Revella Arch

City	State	Zip Code
Chesapeake	VA	23322-6991

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Physician Contracting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : A4664403843EA4DD795F**

Amount of Each Receipt this Period

50.00

Payroll Deduction: \$50.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

126.92

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Catherine Dubinsky**

Mailing Address 920 Winter St

City State Zip Code  
Waltham MA 02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Fresenius Medical Care NA VP Operations Integrity

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

05 / 29 / 2015

**Transaction ID : A4BBD0C565C8248EDAB/**

Amount of Each Receipt this Period

76.92

Payroll Deduction: \$76.92/

Full Name (Last, First, Middle Initial)

**B. Jenny Lee Fischer**

Mailing Address 920 Winter St

City State Zip Code  
Waltham MA 02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Fresenius Medical Care NA Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

05 / 29 / 2015

**Transaction ID : AA69E706C8E0F4C82990**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**C. Steven P Covino**

Mailing Address 920 Winter St

City State Zip Code  
Waltham MA 02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Fresenius Medical Care NA Director of Benefits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

528.88

Date of Receipt

05 / 29 / 2015

**Transaction ID : A5B4995FAC3FB46F1B25**

Amount of Each Receipt this Period

96.16

Payroll Deduction: \$96.16/

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

211.54

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 30

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Geronia F Parlier**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP UltraCare Customer Connection

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	5

Transaction ID : A342CA106D13C4017844

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**B. Robert D Crick**Mailing Address 3501 Moyers Cir  
Ste 200

City

Masonic Home

State

KY

Zip Code

40041-9035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

RVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	5

Transaction ID : AD07F49E246434692B03

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**C. Paul Zabetakis**Mailing Address 1875 I St NW  
FI 12

City

Washington

State

DC

Zip Code

20006-5409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

President, RRI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	5

Transaction ID : ADAB7133E569E412CB6B

Amount of Each Receipt this Period

76.92

Payroll Deduction: \$76.92/

**SUBTOTAL** of Receipts This Page (optional)..... ►

153.84

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 30

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. William Fink**

Mailing Address 32 Hartwell Ave

City

Lexington

State

MA

Zip Code

02421-3103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP, ITG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	5

**Transaction ID : A7F04B19E483A4117991**

Amount of Each Receipt this Period

100.00

Payroll Deduction: \$100.00/

Full Name (Last, First, Middle Initial)

**B. Robert Sepucha**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.41

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	5

**Transaction ID : A1238AFD7F6B44DB6A18**

Amount of Each Receipt this Period

384.62

Payroll Deduction: \$384.62/

Full Name (Last, First, Middle Initial)

**C. Erma Hall**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	5

**Transaction ID : ADADF91D0C9D94F8EA39**

Amount of Each Receipt this Period

76.00

Payroll Deduction: \$76.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

560.62

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 30  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. David Cariello**

Mailing Address 2219 Hollywood Blvd, Suite 101

City	State	Zip Code
Hallandale	FL	33009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP of Real Estate &amp; Construction Servi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : A24D9091DB0EC468CA36**

Amount of Each Receipt this Period

76.92

Payroll Deduction: \$76.92/

Full Name (Last, First, Middle Initial)

**B. Kim Sonnen**Mailing Address 1875 I St NW  
FI 12

City	State	Zip Code
Washington	DC	20006-5409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

SVP Marketing &amp; Managed Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1430.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : A0DAF6DF96F7B43EFA40**

Amount of Each Receipt this Period

260.00

Payroll Deduction: \$260.00/

Full Name (Last, First, Middle Initial)

**C. Deborah Harvey**Mailing Address 100 Galleria Pkwy SE  
Ste 500

City	State	Zip Code
Atlanta	GA	30339-3165

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : A9A50645564DD4A4DA75**

Amount of Each Receipt this Period

300.00

Payroll Deduction: \$300.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

636.92

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 30  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Joseph H Johnston**

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Sr VP of Biomedical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

Transaction ID : A6453191CC37E4A658A7

Amount of Each Receipt this Period

50.00

Payroll Deduction: \$50.00/

Full Name (Last, First, Middle Initial)

**B. Nicholas Brownlee**Mailing Address 1875 I St NW  
FI 12

City	State	Zip Code
Washington	DC	20006-5409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

President SRM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

Transaction ID : AE4366BD995DF47BAB92

Amount of Each Receipt this Period

384.60

Payroll Deduction: \$384.60/

Full Name (Last, First, Middle Initial)

**C. Charles E Brown**

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Clinical Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

Transaction ID : AA44065AE69E94D8AB30

Amount of Each Receipt this Period

40.00

Payroll Deduction: \$40.00/

SUBTOTAL of Receipts This Page (optional).....▶

474.60

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 30

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Judith Moran**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	5

**Transaction ID : A66C29730964F4BC4A54**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**B. David Gillon**Mailing Address 100 Galleria Pkwy SE  
Ste 500

City

Atlanta

State

GA

Zip Code

30339-3165

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director Market Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	5

**Transaction ID : ADEA2E9947C8C46E19C4**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**C. Julia Brennan**

Mailing Address 8 King Rd

City

Rockleigh

State

NJ

Zip Code

07647-2500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Business Relations Spectra Labs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	5

**Transaction ID : A8609A202981A4B20AB8**

Amount of Each Receipt this Period

40.00

Payroll Deduction: \$40.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

116.92

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 30

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Joseph Ruma**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Development Acquisitions

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : A45B14D79C86D4EC3859**

Amount of Each Receipt this Period

60.00

Payroll Deduction: \$60.00/

Full Name (Last, First, Middle Initial)

**B. Sandra Geraci**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Sales

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : A01B27748E86D4628910**

Amount of Each Receipt this Period

80.00

Payroll Deduction: \$80.00/

Full Name (Last, First, Middle Initial)

**C. Anthony Hayes**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Group Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

341.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : A0C45071924E343429A0**

Amount of Each Receipt this Period

62.00

Payroll Deduction: \$62.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

202.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 30  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Allen Mills**Mailing Address 210 N Church St  
Unit 2914

City	State	Zip Code
Charlotte	NC	28202-2387

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Group Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : A2ABDF4CB089B41AD802**

Amount of Each Receipt this Period

76.92

Payroll Deduction: \$76.92/

Full Name (Last, First, Middle Initial)

**B. Monica Cobb**

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Group Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : AFA08C38BEE0D44158F1**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**C. Bernadette Vincent**Mailing Address 3850 N Causeway Blvd  
Ste 1400

City	State	Zip Code
Metairie	LA	70002-8167

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Group Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : A517D6CCD33E343FDB17**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

**SUBTOTAL** of Receipts This Page (optional)..... ▶

153.84

**TOTAL** This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 30  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Tracey E Ramsey Abbott**

Mailing Address 8620 Burnet Rd  
Ste 400

City Austin State TX Zip Code 78757-7034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

RN COM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 29 / 2015

**Transaction ID : A5D56691CBB804378826**

Amount of Each Receipt this Period

40.00

Payroll Deduction: \$40.00/

Full Name (Last, First, Middle Initial)

**B. Terry L Ketchersid**

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

05 / 29 / 2015

**Transaction ID : A6599BDA06C384BAFAAC**

Amount of Each Receipt this Period

100.00

Payroll Deduction: \$100.00/

Full Name (Last, First, Middle Initial)

**C. Donna McCarthy**

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Division President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1269.18

Date of Receipt

05 / 29 / 2015

**Transaction ID : AEAD281C87E8E4DC6AC6**

Amount of Each Receipt this Period

230.76

Payroll Deduction: \$230.76/

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

370.76

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Lisa Dombro

Mailing Address 927 Prairie Ave

City State Zip Code  
 Park Ridge IL 60068-3937

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2015

Transaction ID : A583A901F69EA4BCD872

Amount of Each Receipt this Period

384.62

Payroll Deduction: \$384.62/

Full Name (Last, First, Middle Initial)

B. Kathleen Kawa

Mailing Address 90 Glacier Dr

City State Zip Code  
 Westwood MA 02090-1818

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Director of Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2015

Transaction ID : A0B6F1B73C1F04151BB9

Amount of Each Receipt this Period

50.00

Payroll Deduction: \$50.00/

Full Name (Last, First, Middle Initial)

C. Steve Shaw

Mailing Address 920 Winter St

City State Zip Code  
 Waltham MA 02451-1521

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Vice President, HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2015

Transaction ID : A0E4AB3C647F8494B9ED

Amount of Each Receipt this Period

40.00

Payroll Deduction: \$40.00/

SUBTOTAL of Receipts This Page (optional)..... ►

474.62

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 30

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Michael Ramsey**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	5

**Transaction ID : A0C11B493BEFC4CC9997**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**B. Nicole Devore**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	5

**Transaction ID : AD48C61F6DFEF40CCB23**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**C. Mignon Early**

Mailing Address 124 Verdae Blvd

City

Greenville

State

SC

Zip Code

29607-3843

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	5

**Transaction ID : A39D4C502A51A4FE0831**

Amount of Each Receipt this Period

60.00

Payroll Deduction: \$60.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

136.92

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 OF 30

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. John Baldasaro**

Mailing Address 32 Hartwell Ave

City

Lexington

State

MA

Zip Code

02421-3103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP ITG Revenue Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

05 / 29 / 2015

**Transaction ID : AE131D7669EA54953801**

Amount of Each Receipt this Period

50.00

Payroll Deduction: \$50.00/

Full Name (Last, First, Middle Initial)

**B. William Perry**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

05 / 29 / 2015

**Transaction ID : AB8CCECC006EF4F768B7**

Amount of Each Receipt this Period

60.00

Payroll Deduction: \$60.00/

Full Name (Last, First, Middle Initial)

**C. Marion Andersen**

Mailing Address 475 W 13th St

City

Ogden

State

UT

Zip Code

84404-5554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Principal Scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 29 / 2015

**Transaction ID : A68BD20A74C194060B3A**

Amount of Each Receipt this Period

40.00

Payroll Deduction: \$40.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 30  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Robert P. Loeper**Mailing Address 1875 I St NW  
FI 12

City	State	Zip Code
Washington	DC	20006-5409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : A195954C91794461DBF9**

Amount of Each Receipt this Period

76.92

Payroll Deduction: \$76.92/

Full Name (Last, First, Middle Initial)

**B. Brian Silva**

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

SVP, Human Resources &amp; Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : A3DFB681166C04A49B8C**

Amount of Each Receipt this Period

384.62

Payroll Deduction: \$384.62/

Full Name (Last, First, Middle Initial)

**C. Patrick McCarthy**

Mailing Address 82 Belcher Dr

City	State	Zip Code
Sudbury	MA	01776-1247

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

SVP Sales &amp; Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : AAB946FF7766D4B80A72**

Amount of Each Receipt this Period

240.00

Payroll Deduction: \$240.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

701.54

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 27 OF 30  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Mark R Fawcett**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	5

**Transaction ID : A6C2F7E6E072B48C7AFE**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**B. Joseph Winslow**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Quality Systems &amp; Compliance

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	5

**Transaction ID : A0121C3CFC1244C11A94**

Amount of Each Receipt this Period

80.00

Payroll Deduction: \$80.00/

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

118.46

**TOTAL** This Period (last page this line number only)..... ►

6369.62

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 30

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Global Payments**

Mailing Address 10705 Red Run Blvd

City Owings Mills      State MD      Zip Code 21117-5134

Purpose of Disbursement  
Bank Service Charge

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 04 / 2015
**Transaction ID : B36EE27C026EC4450910**

Amount of Each Disbursement this Period

167.45

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City      State      Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City      State      Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

167.45

167.45

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Mike Crapo for US Senate**

Mailing Address PO Box 1948

City	State	Zip Code
Boise	ID	83701

Purpose of Disbursement  
Direct Contribution

Candidate Name

**Sen. Mike D. Crapo**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ID District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2015

**Transaction ID : B2AE8B3208B204B30A5E**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Adrian Smith For Congress**Mailing Address 3321 Avenue I  
Suite 6

City	State	Zip Code
Scottsbluff	NE	69361

Purpose of Disbursement  
Direct Contribution

Candidate Name

**Rep. Adrian M. Smith**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NE District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2015

**Transaction ID : BB93BCF6FB0354CEBA6E**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Mike Crapo for US Senate**

Mailing Address PO Box 1948

City	State	Zip Code
Boise	ID	83701

Purpose of Disbursement  
Direct Contribution

Candidate Name

**Sen. Mike D. Crapo**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: ID District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2015

**Transaction ID : BF13EBAF34E8C4784B91**

Amount of Each Disbursement this Period

5000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11000.00
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	21b		22	<b>X</b>	23		24		25		26
	27		28a		28b		28c		29		30b

Fresenius Medical Care North America PAC

### A. KCP PAC

Date of Disbursement

Mailing Address 5746 Union Mill Road  
P.O. Box 160

City	State	Zip Code
Clifton	VA	20124

**Transaction ID : BED15C2A167B34C509DD**

Purpose of Disbursement	Direct Contribution

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

5000.00

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2015

☐ Primary ☐ General

☒ Other (specify) ▼

Other2015

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

Mailing Address

City	State	Zip Code
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### Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

**SUBTOTAL** of Disbursements This Page (optional).....

5000.00

**TOTAL** This Period (last page this line number only).....

16000.00